

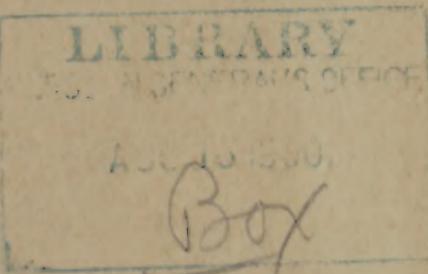
Coston (H. R.)

A NASAL POLYPUS WEIGHING AN
OUNCE, AND THREE INCHES
AND A QUARTER LONG,

*Springing from the Septum Nasi of a
Child of Twelve.*

BY
H. R. COSTON, M. D.,
PAYETTEVILLE, TENN.

REPRINTED FROM THE
New York Medical Journal
for August 5, 1899.



*Reprinted from the New York Medical Journal
for August 5, 1899.*

LIBRARY
SURGEON GENERAL'S OFFICE

AUG 16 1900

A NASAL POLYPUS WEIGHING AN OUNCE,
AND THREE INCHES AND A QUARTER LONG,
SPRINGING FROM THE
SÆPTUM NASI OF A CHILD OF TWELVE.

BY H. R. COSTON, M. D.,
FAYETTEVILLE, TENN.

THROUGH the courtesy of Dr. L. H. Gilham, of Kelso, Tennessee, I was permitted to operate in the following, in many respects, remarkable case:

Beulah H., aged twelve years; daughter of a farmer. Healthy until symptoms of present trouble began, about a year ago. Although the symptoms had been present for about a year no importance had been attached to them, and no physician had been asked to see her until one week before I saw her. When Dr. Gilham saw her he was told that she had an enlarged tonsil. Upon examination he found it to be a nasal polypus, the lower end of which was protruding half an inch below the margin of the velum pendulum palati. The right naris was filled with a polypus and the left was so obstructed by the polypus lying in the nasopharynx that she could get no breath through it. The left middle turbinate was also very greatly enlarged because of the inflamed condition of the mucosa covering it. Breathing was effected entirely through the mouth.

When I was asked to see her, one week later, I found her in substantially the same condition as described above, and with the assistance of Dr. Gilham, at their house, at once removed the growth by avulsion *manually*.

The nostril was so filled with the growth that it was impossible to pass the snare wire, and the growth was so large it could not have been withdrawn through the nose even had its base been severed by the wire. After spraying the nose and nasopharynx with cocaine, I fastened a tenaculum into the posterior surface of the pharyngeal portion of the growth and drew it downward and forward as far as possible, and grasped it with a heavy dressing forceps, but was unable, owing to the large size of the tumor and the location of the pedicle, to twist it off. I then pulled it out as far as I could, as before, and passed my fingers behind the tumor into the nasopharynx to the posterior nares, grasping the tumor firmly. I found it attached to the septum, just at the opening of the right posterior naris, by a pedicle the size of my little finger. Using my finger nail as a knife, and pulling hard on the tumor, I had no trouble in tearing it from its attachments and withdrawing it through the mouth, and with the nasopharyngeal tumor I brought out the one which had filled the right naris and two long, flattened polypi, which I believe to have lain in the nasopharyngeal space above and posterior to the large tumor. There was but little haemorrhage, and the relief was very marked and immediate.

One week after the operation the inflammatory swelling of the right middle turbinate had subsided and the cure seemed perfect.

The body of the polypus, measured from the nasal to the pharyngeal extremities, was three inches and a quarter long; an inch and a quarter wide at the widest part, and seven eighths of an inch thick at the thickest part. It weighed, fresh, one ounce avoirdupois. It was nearly a pure myxoma. The anterior surface of the pharyngeal portion was roughened by the impact of

food against it during deglutition. The smaller polypi measured an inch and a half long, but were very slender and flattened, as if they had been subjected to much pressure. The nasal lobe was large and filled completely the right naris, and had caused considerable external deformity of the nose by its pressure from within. The four polypi had one pedicle common to all.

There are several remarkable features about this case, chief among which is the extremely large size, age considered.

Wright (1) describes a case in which the tumor—five inches long—projected into the pharynx, but this was in an adult and of twenty years' standing. He says others have been reported approximating it in size. He remarks also that congenital cases have been observed.

The youngest patient seen by Delavan (2) was thirteen years old. Delavan says, in the same essay, that in two hundred cases reported by Sir Morell Mackenzie, but sixteen patients were under twenty years of age. Holt (3) says "they are especially rare before the seventh year." Sajous (4) says they are seldom seen in children. Casselberry (5) thinks polypi are only relatively rare in children, "since the diseases which influence their development are somewhat less usual in children than in adults." He has seen them in children from eight years upward. Vogel (6) has removed a polypus from a child of four. He remarks (*loc. cit.*) that fibrous polypi may attain to such size as to hang down into the pharynx and embarrass respiration and deglutition. While he speaks thus of fibrous polypi, it is well to remember that my case is almost a pure, unmixed myxoma.

As bearing on the size, we may note that James (?) says they may attain such size as to completely obstruct the passages. My case certainly bears out this statement, because the lobe which lay posteriorly so completely filled the nasopharynx that the patient could get no breath through either nostril.

Another feature worthy of notice is the fact that the tumor had its origin from the *sæptum*.

“They almost never spring from the *sæptum*” (8).

Heinman (9) reports five cases of vascular polypi in patients of from two to fifty years old springing from the *sæptum*; these cases, however, differ from my own in being of the vascular type, while my case was almost avascular. Lefferts (10) says “true myxomata” (as in my own case) “are occasionally encountered springing from the side of the *sæptum*.”

Another feature deserving mention is the method of removal—manual avulsion.

While every one to-day recognizes the usefulness of the snare, yet we will occasionally meet with cases not suited to its use, and, as Delavan (11) says, “no one instrument will be likely to meet the requirements of every case,” we must be prepared to deal with the cases as they come, and in the words of Tillmanns (12), “The use of the forceps seems rougher to be sure, but it is simpler at all events, and accomplishes the object more quickly.” Used with discretion, there is no reason why the forceps should do more harm than the snare.

In conclusion, I may sum up briefly the noticeable features thus:

1. The very large size of the polypus.
2. The age and sex of the patient—only twelve years old and a female.

3. Its origin from the *sæptum nasi*.
4. The removal by manual avulsion.

Bibliography.

1. *American Text-book of Diseases of the Eye, Ear, Nose, and Throat.*
2. Delavan in *Keating's Encyclopædia of Diseases of Children*, vol. ii, p. 365.
3. Holt. *Diseases of Children.*
4. Sajous. *Diseases of the Nose and Throat.*
5. Casselberry in *American Text-book of Diseases of Children*, p. 837.
6. Vogel. *Diseases of Children.*
7. James in vol. vi, p. 48, of *Twentieth Century Practice.*
8. *American Text-book of Surgery*, p. 591.
9. *American Year-book of Medicine and Surgery*, 1896, quoting from *Journal of Laryngology*, p. 447, 1894.
10. Lefferts in *International Encyclopædia of Surgery*, vol. iv, p. 802.
11. Delavan in *Buck's Reference Handbook of the Medical Sciences*, vol. iv.
12. Tillmanns's *Surgery*, vol. ii, p. 280.

Physicians—

who desire to keep *au courant* with the advances
of medicine and surgery should read

The New York
Medical Journal

Subscription price, *per annum*, \$5.00

Volumes begin in JANUARY and JULY

D. APPLETON AND COMPANY, Publishers
72 Fifth Avenue, New York

